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| <b>TRANSMITTAL FORM</b><br><br>(to be used for all correspondence after initial filing) | Application Number   | 09/827,969             |             |
|   | Filing Date          | April 4, 2001          |             |
|   | First Named Inventor | Li-Wen Chen 2161       |             |
|   | Group Art Unit       | Unknown                |             |
|   | Examiner Name        | Unknown                |             |
| Total Number of Pages in This Submission  |                      | Attorney Docket Number | 52719.00017 |

ENCLOSURES (check all that apply)

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| Remarks   |   |   |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

|                         |   |
|-------------------------|---|
| Firm or Individual name | Paul A. Durdik, Esq.<br>Squire, Sanders & Dempsey L.L.P.<br>600 Hansen Way<br>Palo Alto, CA 94304 |
| Signature               |   |
| Date                    | October 2, 2001   |

CERTIFICATE OF MAILING

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| Signature  |                      | Date | October 2, 2001 |

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| FEE TRANSMITTAL<br>for FY 2001              |      | Complete if Known    |                     |             |
|---|------|----------------------|---------------------|-------------|
|   |      | Application Number   | 09/827,969          |             |
| Patent fees are subject to annual revision. |      | Filing Date          | April 4, 2001       |             |
|   |      | First Named Inventor | Li-Wen Chen         |             |
|   |      | Examiner Name        | Unknown             |             |
|   |      | Group / Art Unit     | Unknown             |             |
| TOTAL AMOUNT OF PAYMENT                     | (\$) | 0                    | Attorney Docket No. | 52719.00017 |

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| METHOD OF PAYMENT (check one)   |                       | FEE CALCULATION (continued)  |                 |  |                       |                       |                 |          |     |                    |     |                    |   |     |                    |     |     |                   |                |                 |                |                 |                 |                  |       |     |       |     |                        |                    |     |      |     |     |                                   |                        |        |                   |     |     |                                       |    |     |     |     |     |  |  |     |     |     |     |  |     |                   |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
|---|-----------------------|--|-----------------|--|-----------------------|-----------------------|-----------------|----------|-----|--------------------|-----|--------------------|---|-----|--------------------|-----|-----|-------------------|----------------|-----------------|----------------|-----------------|-----------------|------------------|-------|-----|-------|-----|------------------------|--------------------|-----|------|-----|-----|-----------------------------------|------------------------|--------|-------------------|-----|-----|---------------------------------------|----|-----|-----|-----|-----|--|--|-----|-----|-----|-----|--|-----|-------------------|-----|-----|--|-----|-------|-----|-----|--|-----|-----|-----|-----|--|-----|-----|-----|-----|--|-----|-----|-----|-----|--|-----|-------|-----|-------|--|-----|-----|-----|----|--|-----|-------|-----|-----|--|-----|-------|-----|-----|--|-----|-----|-----|-----|--|-----|-----|-----|-----|--|-----|-----|-----|-----|--|-----|-----|-----|-----|--|-----|-----|-----|-----|--|-----|----|-----|----|--|-----|-----|-----|-----|--|-----|-----|-----|-----|--|-----|-----|-----|-----|--|-----|-----|-----|-----|--|
| 1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:<br><br>Deposit Account Number: 05-0150<br><br>Deposit Account Name: Squire, Sanders & Dempsey L.L.P.<br><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17<br><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27  |                       | 3. ADDITIONAL FEES   |                 |  |                       |                       |                 |          |     |                    |     |                    |   |     |                    |     |     |                   |                |                 |                |                 |                 |                  |       |     |       |     |                        |                    |     |      |     |     |                                   |                        |        |                   |     |     |                                       |    |     |     |     |     |  |  |     |     |     |     |  |     |                   |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 2. <input type="checkbox"/> Payment Enclosed:<br><input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other  |                       | <table border="1"><thead><tr><th>Fee Code</th><th>Large Entity Fee (\$)</th><th>Small Entity Fee (\$)</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>105</td><td>130</td><td>205</td><td>65</td><td></td></tr><tr><td>127</td><td>50</td><td>227</td><td>25</td><td></td></tr><tr><td>139</td><td>130</td><td>139</td><td>130</td><td></td></tr><tr><td>147</td><td>2,520</td><td>147</td><td>2,520</td><td></td></tr><tr><td>112</td><td>920*</td><td>112</td><td>920*</td><td></td></tr><tr><td>113</td><td>1,840*</td><td>113</td><td>1,840*</td><td></td></tr><tr><td>115</td><td>110</td><td>215</td><td>55</td><td></td></tr><tr><td>116</td><td>390</td><td>216</td><td>195</td><td></td></tr><tr><td>117</td><td>890</td><td>217</td><td>445</td><td></td></tr><tr><td>118</td><td>1,390</td><td>218</td><td>695</td><td></td></tr><tr><td>128</td><td>1,890</td><td>228</td><td>945</td><td></td></tr><tr><td>119</td><td>310</td><td>219</td><td>155</td><td></td></tr><tr><td>120</td><td>310</td><td>220</td><td>155</td><td></td></tr><tr><td>121</td><td>270</td><td>221</td><td>135</td><td></td></tr><tr><td>138</td><td>1,510</td><td>138</td><td>1,510</td><td></td></tr><tr><td>140</td><td>110</td><td>240</td><td>55</td><td></td></tr><tr><td>141</td><td>1,240</td><td>241</td><td>620</td><td></td></tr><tr><td>142</td><td>1,240</td><td>242</td><td>620</td><td></td></tr><tr><td>143</td><td>440</td><td>243</td><td>220</td><td></td></tr><tr><td>144</td><td>600</td><td>244</td><td>300</td><td></td></tr><tr><td>122</td><td>130</td><td>122</td><td>130</td><td></td></tr><tr><td>123</td><td>130</td><td>123</td><td>130</td><td></td></tr><tr><td>126</td><td>180</td><td>126</td><td>180</td><td></td></tr><tr><td>581</td><td>40</td><td>581</td><td>40</td><td></td></tr><tr><td>146</td><td>710</td><td>246</td><td>355</td><td></td></tr><tr><td>149</td><td>710</td><td>249</td><td>355</td><td></td></tr><tr><td>179</td><td>710</td><td>279</td><td>355</td><td></td></tr><tr><td>169</td><td>900</td><td>169</td><td>900</td><td></td></tr></tbody></table> |                 | Fee Code   | Large Entity Fee (\$) | Small Entity Fee (\$) | Fee Description | Fee Paid | 105 | 130                | 205 | 65                 |   | 127 | 50                 | 227 | 25  |                   | 139            | 130             | 139            | 130             |                 | 147              | 2,520 | 147 | 2,520 |     | 112                    | 920*               | 112 | 920* |     | 113 | 1,840*                            | 113                    | 1,840* |                   | 115 | 110 | 215                                   | 55 |     | 116 | 390 | 216 | 195  |  | 117 | 890 | 217 | 445 |  | 118 | 1,390             | 218 | 695 |  | 128 | 1,890 | 228 | 945 |  | 119 | 310 | 219 | 155 |  | 120 | 310 | 220 | 155 |  | 121 | 270 | 221 | 135 |  | 138 | 1,510 | 138 | 1,510 |  | 140 | 110 | 240 | 55 |  | 141 | 1,240 | 241 | 620 |  | 142 | 1,240 | 242 | 620 |  | 143 | 440 | 243 | 220 |  | 144 | 600 | 244 | 300 |  | 122 | 130 | 122 | 130 |  | 123 | 130 | 123 | 130 |  | 126 | 180 | 126 | 180 |  | 581 | 40 | 581 | 40 |  | 146 | 710 | 246 | 355 |  | 149 | 710 | 249 | 355 |  | 179 | 710 | 279 | 355 |  | 169 | 900 | 169 | 900 |  |
| Fee Code  | Large Entity Fee (\$) | Small Entity Fee (\$)  | Fee Description | Fee Paid   |                       |                       |                 |          |     |                    |     |                    |   |     |                    |     |     |                   |                |                 |                |                 |                 |                  |       |     |       |     |                        |                    |     |      |     |     |                                   |                        |        |                   |     |     |                                       |    |     |     |     |     |  |  |     |     |     |     |  |     |                   |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 105   | 130                   | 205  | 65              |  |                       |                       |                 |          |     |                    |     |                    |   |     |                    |     |     |                   |                |                 |                |                 |                 |                  |       |     |       |     |                        |                    |     |      |     |     |                                   |                        |        |                   |     |     |                                       |    |     |     |     |     |  |  |     |     |     |     |  |     |                   |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 127   | 50                    | 227  | 25              |  |                       |                       |                 |          |     |                    |     |                    |   |     |                    |     |     |                   |                |                 |                |                 |                 |                  |       |     |       |     |                        |                    |     |      |     |     |                                   |                        |        |                   |     |     |                                       |    |     |     |     |     |  |  |     |     |     |     |  |     |                   |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 139   | 130                   | 139  | 130             |  |                       |                       |                 |          |     |                    |     |                    |   |     |                    |     |     |                   |                |                 |                |                 |                 |                  |       |     |       |     |                        |                    |     |      |     |     |                                   |                        |        |                   |     |     |                                       |    |     |     |     |     |  |  |     |     |     |     |  |     |                   |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 147   | 2,520                 | 147  | 2,520           |  |                       |                       |                 |          |     |                    |     |                    |   |     |                    |     |     |                   |                |                 |                |                 |                 |                  |       |     |       |     |                        |                    |     |      |     |     |                                   |                        |        |                   |     |     |                                       |    |     |     |     |     |  |  |     |     |     |     |  |     |                   |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 112   | 920*                  | 112  | 920*            |  |                       |                       |                 |          |     |                    |     |                    |   |     |                    |     |     |                   |                |                 |                |                 |                 |                  |       |     |       |     |                        |                    |     |      |     |     |                                   |                        |        |                   |     |     |                                       |    |     |     |     |     |  |  |     |     |     |     |  |     |                   |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 113   | 1,840*                | 113  | 1,840*          |  |                       |                       |                 |          |     |                    |     |                    |   |     |                    |     |     |                   |                |                 |                |                 |                 |                  |       |     |       |     |                        |                    |     |      |     |     |                                   |                        |        |                   |     |     |                                       |    |     |     |     |     |  |  |     |     |     |     |  |     |                   |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 115   | 110                   | 215  | 55              |  |                       |                       |                 |          |     |                    |     |                    |   |     |                    |     |     |                   |                |                 |                |                 |                 |                  |       |     |       |     |                        |                    |     |      |     |     |                                   |                        |        |                   |     |     |                                       |    |     |     |     |     |  |  |     |     |     |     |  |     |                   |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 116   | 390                   | 216  | 195             |  |                       |                       |                 |          |     |                    |     |                    |   |     |                    |     |     |                   |                |                 |                |                 |                 |                  |       |     |       |     |                        |                    |     |      |     |     |                                   |                        |        |                   |     |     |                                       |    |     |     |     |     |  |  |     |     |     |     |  |     |                   |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 117   | 890                   | 217  | 445             |  |                       |                       |                 |          |     |                    |     |                    |   |     |                    |     |     |                   |                |                 |                |                 |                 |                  |       |     |       |     |                        |                    |     |      |     |     |                                   |                        |        |                   |     |     |                                       |    |     |     |     |     |  |  |     |     |     |     |  |     |                   |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 118   | 1,390                 | 218  | 695             |  |                       |                       |                 |          |     |                    |     |                    |   |     |                    |     |     |                   |                |                 |                |                 |                 |                  |       |     |       |     |                        |                    |     |      |     |     |                                   |                        |        |                   |     |     |                                       |    |     |     |     |     |  |  |     |     |     |     |  |     |                   |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 128   | 1,890                 | 228  | 945             |  |                       |                       |                 |          |     |                    |     |                    |   |     |                    |     |     |                   |                |                 |                |                 |                 |                  |       |     |       |     |                        |                    |     |      |     |     |                                   |                        |        |                   |     |     |                                       |    |     |     |     |     |  |  |     |     |     |     |  |     |                   |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 119   | 310                   | 219  | 155             |  |                       |                       |                 |          |     |                    |     |                    |   |     |                    |     |     |                   |                |                 |                |                 |                 |                  |       |     |       |     |                        |                    |     |      |     |     |                                   |                        |        |                   |     |     |                                       |    |     |     |     |     |  |  |     |     |     |     |  |     |                   |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 120   | 310                   | 220  | 155             |  |                       |                       |                 |          |     |                    |     |                    |   |     |                    |     |     |                   |                |                 |                |                 |                 |                  |       |     |       |     |                        |                    |     |      |     |     |                                   |                        |        |                   |     |     |                                       |    |     |     |     |     |  |  |     |     |     |     |  |     |                   |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 121   | 270                   | 221  | 135             |  |                       |                       |                 |          |     |                    |     |                    |   |     |                    |     |     |                   |                |                 |                |                 |                 |                  |       |     |       |     |                        |                    |     |      |     |     |                                   |                        |        |                   |     |     |                                       |    |     |     |     |     |  |  |     |     |     |     |  |     |                   |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 138   | 1,510                 | 138  | 1,510           |  |                       |                       |                 |          |     |                    |     |                    |   |     |                    |     |     |                   |                |                 |                |                 |                 |                  |       |     |       |     |                        |                    |     |      |     |     |                                   |                        |        |                   |     |     |                                       |    |     |     |     |     |  |  |     |     |     |     |  |     |                   |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 140   | 110                   | 240  | 55              |  |                       |                       |                 |          |     |                    |     |                    |   |     |                    |     |     |                   |                |                 |                |                 |                 |                  |       |     |       |     |                        |                    |     |      |     |     |                                   |                        |        |                   |     |     |                                       |    |     |     |     |     |  |  |     |     |     |     |  |     |                   |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 141   | 1,240                 | 241  | 620             |  |                       |                       |                 |          |     |                    |     |                    |   |     |                    |     |     |                   |                |                 |                |                 |                 |                  |       |     |       |     |                        |                    |     |      |     |     |                                   |                        |        |                   |     |     |                                       |    |     |     |     |     |  |  |     |     |     |     |  |     |                   |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 142   | 1,240                 | 242  | 620             |  |                       |                       |                 |          |     |                    |     |                    |   |     |                    |     |     |                   |                |                 |                |                 |                 |                  |       |     |       |     |                        |                    |     |      |     |     |                                   |                        |        |                   |     |     |                                       |    |     |     |     |     |  |  |     |     |     |     |  |     |                   |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 143   | 440                   | 243  | 220             |  |                       |                       |                 |          |     |                    |     |                    |   |     |                    |     |     |                   |                |                 |                |                 |                 |                  |       |     |       |     |                        |                    |     |      |     |     |                                   |                        |        |                   |     |     |                                       |    |     |     |     |     |  |  |     |     |     |     |  |     |                   |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 144   | 600                   | 244  | 300             |  |                       |                       |                 |          |     |                    |     |                    |   |     |                    |     |     |                   |                |                 |                |                 |                 |                  |       |     |       |     |                        |                    |     |      |     |     |                                   |                        |        |                   |     |     |                                       |    |     |     |     |     |  |  |     |     |     |     |  |     |                   |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 122   | 130                   | 122  | 130             |  |                       |                       |                 |          |     |                    |     |                    |   |     |                    |     |     |                   |                |                 |                |                 |                 |                  |       |     |       |     |                        |                    |     |      |     |     |                                   |                        |        |                   |     |     |                                       |    |     |     |     |     |  |  |     |     |     |     |  |     |                   |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 123   | 130                   | 123  | 130             |  |                       |                       |                 |          |     |                    |     |                    |   |     |                    |     |     |                   |                |                 |                |                 |                 |                  |       |     |       |     |                        |                    |     |      |     |     |                                   |                        |        |                   |     |     |                                       |    |     |     |     |     |  |  |     |     |     |     |  |     |                   |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 126   | 180                   | 126  | 180             |  |                       |                       |                 |          |     |                    |     |                    |   |     |                    |     |     |                   |                |                 |                |                 |                 |                  |       |     |       |     |                        |                    |     |      |     |     |                                   |                        |        |                   |     |     |                                       |    |     |     |     |     |  |  |     |     |     |     |  |     |                   |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 581   | 40                    | 581  | 40              |  |                       |                       |                 |          |     |                    |     |                    |   |     |                    |     |     |                   |                |                 |                |                 |                 |                  |       |     |       |     |                        |                    |     |      |     |     |                                   |                        |        |                   |     |     |                                       |    |     |     |     |     |  |  |     |     |     |     |  |     |                   |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 146   | 710                   | 246  | 355             |  |                       |                       |                 |          |     |                    |     |                    |   |     |                    |     |     |                   |                |                 |                |                 |                 |                  |       |     |       |     |                        |                    |     |      |     |     |                                   |                        |        |                   |     |     |                                       |    |     |     |     |     |  |  |     |     |     |     |  |     |                   |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 149   | 710                   | 249  | 355             |  |                       |                       |                 |          |     |                    |     |                    |   |     |                    |     |     |                   |                |                 |                |                 |                 |                  |       |     |       |     |                        |                    |     |      |     |     |                                   |                        |        |                   |     |     |                                       |    |     |     |     |     |  |  |     |     |     |     |  |     |                   |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 179   | 710                   | 279  | 355             |  |                       |                       |                 |          |     |                    |     |                    |   |     |                    |     |     |                   |                |                 |                |                 |                 |                  |       |     |       |     |                        |                    |     |      |     |     |                                   |                        |        |                   |     |     |                                       |    |     |     |     |     |  |  |     |     |     |     |  |     |                   |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 169   | 900                   | 169  | 900             |  |                       |                       |                 |          |     |                    |     |                    |   |     |                    |     |     |                   |                |                 |                |                 |                 |                  |       |     |       |     |                        |                    |     |      |     |     |                                   |                        |        |                   |     |     |                                       |    |     |     |     |     |  |  |     |     |     |     |  |     |                   |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 1. BASIC FILING FEE<br><table border="1"><thead><tr><th>Large Fee Code</th><th>Entity Fee (\$)</th><th>Small Fee Code</th><th>Entity Fee (\$)</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>101</td><td>710</td><td>201</td><td>355</td><td>Utility filing fee</td><td></td></tr><tr><td>106</td><td>320</td><td>206</td><td>160</td><td>Design filing fee</td><td></td></tr><tr><td>107</td><td>490</td><td>207</td><td>245</td><td>Plant filing fee</td><td></td></tr><tr><td>108</td><td>710</td><td>208</td><td>355</td><td>Reissue filing fee</td><td></td></tr><tr><td>114</td><td>150</td><td>214</td><td>75</td><td>Provisional filing fee</td><td></td></tr></tbody></table><br>SUBTOTAL (1) (\$)   |                       | Large Fee Code   | Entity Fee (\$) | Small Fee Code   | Entity Fee (\$)       | Fee Description       | Fee Paid        | 101      | 710 | 201                | 355 | Utility filing fee |   | 106 | 320                | 206 | 160 | Design filing fee |                | 107             | 490            | 207             | 245             | Plant filing fee |       | 108 | 710   | 208 | 355                    | Reissue filing fee |     | 114  | 150 | 214 | 75                                | Provisional filing fee |        | SUBTOTAL (2) (\$) |     |     |                                       |    |     |     |     |     |  |  |     |     |     |     |  |     |                   |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| Large Fee Code  | Entity Fee (\$)       | Small Fee Code   | Entity Fee (\$) | Fee Description  | Fee Paid              |                       |                 |          |     |                    |     |                    |   |     |                    |     |     |                   |                |                 |                |                 |                 |                  |       |     |       |     |                        |                    |     |      |     |     |                                   |                        |        |                   |     |     |                                       |    |     |     |     |     |  |  |     |     |     |     |  |     |                   |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 101   | 710                   | 201  | 355             | Utility filing fee   |                       |                       |                 |          |     |                    |     |                    |   |     |                    |     |     |                   |                |                 |                |                 |                 |                  |       |     |       |     |                        |                    |     |      |     |     |                                   |                        |        |                   |     |     |                                       |    |     |     |     |     |  |  |     |     |     |     |  |     |                   |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 106   | 320                   | 206  | 160             | Design filing fee  |                       |                       |                 |          |     |                    |     |                    |   |     |                    |     |     |                   |                |                 |                |                 |                 |                  |       |     |       |     |                        |                    |     |      |     |     |                                   |                        |        |                   |     |     |                                       |    |     |     |     |     |  |  |     |     |     |     |  |     |                   |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 107   | 490                   | 207  | 245             | Plant filing fee   |                       |                       |                 |          |     |                    |     |                    |   |     |                    |     |     |                   |                |                 |                |                 |                 |                  |       |     |       |     |                        |                    |     |      |     |     |                                   |                        |        |                   |     |     |                                       |    |     |     |     |     |  |  |     |     |     |     |  |     |                   |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 108   | 710                   | 208  | 355             | Reissue filing fee   |                       |                       |                 |          |     |                    |     |                    |   |     |                    |     |     |                   |                |                 |                |                 |                 |                  |       |     |       |     |                        |                    |     |      |     |     |                                   |                        |        |                   |     |     |                                       |    |     |     |     |     |  |  |     |     |     |     |  |     |                   |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 114   | 150                   | 214  | 75              | Provisional filing fee                                     |                       |                       |                 |          |     |                    |     |                    |   |     |                    |     |     |                   |                |                 |                |                 |                 |                  |       |     |       |     |                        |                    |     |      |     |     |                                   |                        |        |                   |     |     |                                       |    |     |     |     |     |  |  |     |     |     |     |  |     |                   |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 2. EXTRA CLAIM FEES<br><table border="1"><thead><tr><th>Total Claims</th><th>Extra Claims</th><th>Fee from below</th><th>Fee Paid</th></tr></thead><tbody><tr><td>-20</td><td>= 0</td><td>X</td><td>= 0</td></tr><tr><td>Independent Claims</td><td>-3</td><td>= 0</td><td>X</td><td>= 0</td></tr><tr><td>Multiple Dependent</td><td></td><td>X</td><td>= 0</td></tr></tbody></table><br><table border="1"><thead><tr><th>Large Fee Code</th><th>Entity Fee (\$)</th><th>Small Fee Code</th><th>Entity Fee (\$)</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>103</td><td>18</td><td>203</td><td>9</td><td>Claims in excess of 20</td><td></td></tr><tr><td>102</td><td>80</td><td>202</td><td>40</td><td>Independent claims in excess of 3</td><td></td></tr><tr><td>104</td><td>270</td><td>204</td><td>135</td><td>Multiple dependent claim, if not paid</td><td></td></tr><tr><td>109</td><td>80</td><td>209</td><td>40</td><td>** Reissue independent claims over original patent</td><td></td></tr><tr><td>110</td><td>18</td><td>210</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr></tbody></table><br>SUBTOTAL (2) (\$) |                       | Total Claims   | Extra Claims    | Fee from below   | Fee Paid              | -20                   | = 0             | X        | = 0 | Independent Claims | -3  | = 0                | X | = 0 | Multiple Dependent |     | X   | = 0               | Large Fee Code | Entity Fee (\$) | Small Fee Code | Entity Fee (\$) | Fee Description | Fee Paid         | 103   | 18  | 203   | 9   | Claims in excess of 20 |                    | 102 | 80   | 202 | 40  | Independent claims in excess of 3 |                        | 104    | 270               | 204 | 135 | Multiple dependent claim, if not paid |    | 109 | 80  | 209 | 40  | ** Reissue independent claims over original patent |  | 110 | 18  | 210 | 9   | ** Reissue claims in excess of 20 and over original patent |     | SUBTOTAL (3) (\$) |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| Total Claims  | Extra Claims          | Fee from below   | Fee Paid        |  |                       |                       |                 |          |     |                    |     |                    |   |     |                    |     |     |                   |                |                 |                |                 |                 |                  |       |     |       |     |                        |                    |     |      |     |     |                                   |                        |        |                   |     |     |                                       |    |     |     |     |     |  |  |     |     |     |     |  |     |                   |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| -20   | = 0                   | X  | = 0             |  |                       |                       |                 |          |     |                    |     |                    |   |     |                    |     |     |                   |                |                 |                |                 |                 |                  |       |     |       |     |                        |                    |     |      |     |     |                                   |                        |        |                   |     |     |                                       |    |     |     |     |     |  |  |     |     |     |     |  |     |                   |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| Independent Claims  | -3                    | = 0  | X               | = 0  |                       |                       |                 |          |     |                    |     |                    |   |     |                    |     |     |                   |                |                 |                |                 |                 |                  |       |     |       |     |                        |                    |     |      |     |     |                                   |                        |        |                   |     |     |                                       |    |     |     |     |     |  |  |     |     |     |     |  |     |                   |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| Multiple Dependent  |                       | X  | = 0             |  |                       |                       |                 |          |     |                    |     |                    |   |     |                    |     |     |                   |                |                 |                |                 |                 |                  |       |     |       |     |                        |                    |     |      |     |     |                                   |                        |        |                   |     |     |                                       |    |     |     |     |     |  |  |     |     |     |     |  |     |                   |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| Large Fee Code  | Entity Fee (\$)       | Small Fee Code   | Entity Fee (\$) | Fee Description  | Fee Paid              |                       |                 |          |     |                    |     |                    |   |     |                    |     |     |                   |                |                 |                |                 |                 |                  |       |     |       |     |                        |                    |     |      |     |     |                                   |                        |        |                   |     |     |                                       |    |     |     |     |     |  |  |     |     |     |     |  |     |                   |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 103   | 18                    | 203  | 9               | Claims in excess of 20                                     |                       |                       |                 |          |     |                    |     |                    |   |     |                    |     |     |                   |                |                 |                |                 |                 |                  |       |     |       |     |                        |                    |     |      |     |     |                                   |                        |        |                   |     |     |                                       |    |     |     |     |     |  |  |     |     |     |     |  |     |                   |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 102   | 80                    | 202  | 40              | Independent claims in excess of 3                          |                       |                       |                 |          |     |                    |     |                    |   |     |                    |     |     |                   |                |                 |                |                 |                 |                  |       |     |       |     |                        |                    |     |      |     |     |                                   |                        |        |                   |     |     |                                       |    |     |     |     |     |  |  |     |     |     |     |  |     |                   |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 104   | 270                   | 204  | 135             | Multiple dependent claim, if not paid                      |                       |                       |                 |          |     |                    |     |                    |   |     |                    |     |     |                   |                |                 |                |                 |                 |                  |       |     |       |     |                        |                    |     |      |     |     |                                   |                        |        |                   |     |     |                                       |    |     |     |     |     |  |  |     |     |     |     |  |     |                   |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 109   | 80                    | 209  | 40              | ** Reissue independent claims over original patent         |                       |                       |                 |          |     |                    |     |                    |   |     |                    |     |     |                   |                |                 |                |                 |                 |                  |       |     |       |     |                        |                    |     |      |     |     |                                   |                        |        |                   |     |     |                                       |    |     |     |     |     |  |  |     |     |     |     |  |     |                   |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 110   | 18                    | 210  | 9               | ** Reissue claims in excess of 20 and over original patent |                       |                       |                 |          |     |                    |     |                    |   |     |                    |     |     |                   |                |                 |                |                 |                 |                  |       |     |       |     |                        |                    |     |      |     |     |                                   |                        |        |                   |     |     |                                       |    |     |     |     |     |  |  |     |     |     |     |  |     |                   |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| **or number previously paid, if greater; For Reissues, see above  |                       | *Reduced by Basic Filing Fee Paid  |                 |  |                       |                       |                 |          |     |                    |     |                    |   |     |                    |     |     |                   |                |                 |                |                 |                 |                  |       |     |       |     |                        |                    |     |      |     |     |                                   |                        |        |                   |     |     |                                       |    |     |     |     |     |  |  |     |     |     |     |  |     |                   |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |

| SUBMITTED BY      |               | Complete (if applicable)        |                 |
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|                   |               | Date                            | October 2, 2001 |

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| In re Application of:                                     |                   |
| Li-Wen Chen, et al  | Examiner: Unknown |
| Serial No.: 09/827,969                                    | Art Unit: Unknown |
| Filed: April 4, 2001                                      |                   |
| Title: METHOD AND SYSTEM FOR<br>DECISION SUPPORT ANALYSIS |                   |

Commissioner for Patents  
Washington, DC 20231

**INFORMATION DISCLOSURE STATEMENT PURSUANT TO  
37 C.F.R. §§1.97-1.98**

Sir:

In accordance with the duty of disclosure under 37 C.F.R. §1.56 and pursuant to 37 C.F.R. §§1.97-1.98, Applicant hereby notifies the U.S. Patent and Trademark Office of the reference listed on the attached Form PTO-1449. A copy of the cited reference is submitted herewith.

The submission of the listed documents is not intended as an admission that any such document constitutes prior art against the claims of the present application. Applicant reserves the right to dispute any of the listed documents as prior art during examination. Furthermore, Applicant does not waive any right to take any action that would be appropriate to antedate or otherwise remove any listed document as a competent reference against the claims of the present application. The submission of this Information Disclosure Statement is not to be construed as a representation that a search has been made or that no other material information may exist.

The Examiner is requested to initial the enclosed Form PTO-1449 and return a copy thereof to the undersigned.

The present Information Disclosure Statement is being filed before receiving the first Office Action. Therefore, no certification under 37 C.F.R. §1.97(e) or fee under 37 C.F.R. §1.17(p) is required..

However, if for any reason an insufficient fee has been paid, please charge the insufficiency to Deposit Account No. 05-0150.

Date: October 2, 2001

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Respectfully submitted,  
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A handwritten signature in black ink, appearing to read "Paul A. Durdik", written over a horizontal line.

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